

19517
10317

State File No. 5680

Registrar's No.

FILED JUN 30 1944
Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer .G. Philips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 13 years 0 (Specify whether
years, months or days)

3. (a) PRINT

FULL NAME Mary Edeth Brown

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased June 2 1931
(Month) (Day) (Year)

8. AGE: Years 13 Months - Days 20
19 If less than one day
hr. min.

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation School

11. Industry or business

12. Name Samuel .G. Brown13. Birthplace Mo 0
(City, town, or county) (State or foreign country)14. Maiden name Laura Jones15. Birthplace Mo 0
(City, town, or county) (State or foreign country)16. (a) Informant Laura Brown(b) Address 118 so 21 st street17. (a) Burial (b) Date thereof 6-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director J. W. Hughes(b) Address 2620 Hawthorn Blvd19. (a) JUN 23 1944 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 118 so 21 st street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 of
year 1944 hour 8 minute 35

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

encephalitis
non-epidemic

Due to.....

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature Edward J. Brown (M. D. or other).....Address Edward J. Brown Date signed 6/24/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.